UCC FINANCING STATEMENT

FOLL	OW INSTRUCTIONS						
	AME & PHONE OF CONTACT AT FILER (o	ptional)	1				
	L Funding, LLC 3176897925 MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) XL Funding, LLC 10333 N. Meridian St. Suite 200 Indianapolis, IN 46290 USA			FILING NUMBER: 21-0014139617 FILING DATE: 04/09/2021 11:17 AM DOCUMENT NUMBER: 1041595030003 FILED: Texas Secretary of State IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
	TOR'S NAME - Provide only <u>one</u> Debtor name (1a	or 1b) (use exact full name: do not om	-				
Debtor	's name will not fit in line 1b, leave all of item 1 blar						
UCC1/	Ad) 1a. ORGANIZATION'S NAME		*******************		***************************************	******************************	
00	WEDAD CARS LLC						
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1	ILING ADDRESS 0 BECK CIR STE B	CITY AUSTIN	080000000000000000000000000000000000000	STATE TX	POSTAL CODE 78758	COUNTRY USA	
1	BTOR'S NAME - Provide only one Debtor name (2a		it, modify, or abbrevi	1	1		
Debtor	's name will not fit in line 2b, leave all of item 2 blar						
UCC1/	2a. ORGANIZATION'S NAME		***************************************	*************		***************************************	
00	YOSIF'S AUTO REPAIR						
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX	
1	ILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
670	6 N. LAMAR BLVD.	AUSTIN	**********************	TX	78752	USA	
3. SEC	CURED PARTY'S NAME (or NAME of ASSIGNEE of	of ASSIGNOR SECURED PARTY) - Pro	ovide only <u>one</u> Secur	ed Party nar	ne (3a or 3b)		
	3a. ORGANIZATION'S NAME						
OR	XL FUNDING, LLC						
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AL NAME		AL NAME(S)/INITIAL(S)	SUFFIX	
	ILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
ww	w.xlfunding.com 10333 N.	INDIANAPOLIS		IN	46290	USA	
ME	RIDIAN ST.						
All Inv specifi or acc Proce vehicl Deale specifi and or impler partition All pro- withou any air to the any air conne	LATERAL: This financing statement covers the foll rentory, whether now existing or acquired anically including, without limitation, Purchase Iquired, and all additions, accessions, accessoreds, together with any and all books and rece eparts, Fixtures, Goods and all other tangibl or of every kind or nature, whether now ownerically including, without limitation, all maching the road vehicles, forklifts, tools, dies, jigs, ments, improvements, accessories, attachments, systems, carpeting, draperies and appart in the proceeds of each of the foregoing at limitation: The dall proceeds of any insurance, indemnity, bealer from time to time, and all payments of any form made or due and cotion with any requisition, confiscation, condure of all or any part of the foregoing by any	d wherever located, Money Inventory now owned ories, replacements, and ords; All Equipment, vehicles, e personal property of the d or acquired, wherever located, ery, trucks, boats, on presses, appliances, ents, parts, components, ratus; g, specifically including, warranty or guaranty payable d payable to the Dealer in emnation, seizure or					
any P to the	erson acting under color of Governmental Au extent of the value of Collateral, claims arisin enformity, or interference with the use of, defe	uthority, ng out of the loss,					
5. Chec	k <u>only</u> if applicable and check <u>only</u> one box: Collateral is	held in a Trust (see UCC1Ad, item 17 and Ir	nstructions) being a	dministered	by a Decedent's Personal F	Representative	
6a. Ch	eck <u>only</u> if applicable and <u>check only</u> one box:		************************	6b. Check	only if applicable and check	only one box.	
	Dic-Finance Transaction Manufactured-Home	······································	**************************************		tural Lien Non-UCC Filin		
Same and the same	ERNATIVE DESIGNATION (if applicable):	ssee/Lessor Consignee/Consigno	r Seller/Buyer	Bailee/B	Bailor Licensee/Licenso	Or ····································	

	INANCING STATEMENT ADDENDUM DW INSTRUCTIONS						
	IE OF FIRST DEBTOR: Same as line 1a or 1b on Financing	Statement; if line 1b was left					
blank l	pecause Individual Debtor name did not fit, check here						
OR	9a. ORGANIZATION'S NAME WEDAD CARS LLC 9b. INDIVIDUAL'S SURNAME	***************************************					
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	EIS FOR FILING OFFICE L	SE ONLY		
10. DE name; OR	BTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Det do not omit, modify, or abbreviate any part of the Debtor's na 10a. ORGANIZATION'S NAME	otor name or Debtor name that d me) and enter the mailing addre	d not fit in line 1b or 2b o ss in line 10c	f the Financing Statement (Form UCC1) (use exact, full		
	10b. INDIVIDUAL'S SURNAME		***************************************				
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX		
10c. M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
11. Г	ADDITIONAL SECURED PARTY'S NAME <u>or</u> ASSIGNOR 11a. ORGANIZATION'S NAME	SECURED PARTY'S NAME: P	rovide only <u>one</u> name (11	a or 11b)	19		
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
11c. M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
12. AD	DITIONAL SPACE FOR ITEM 4 (Collateral)						
rights in, or damage to, the Collateral, any Stock Rights, and any and all other amounts paid or payable under or in connection with any of the foregoing, whether or not in lieu the foregoing; All renewals, extensions, replacements, modifications, additions, improvements, accretions, accessions, betterments, substitutions, replacements, annexations, tools, accessories, parts and the like now in, attached to or which may be placed in or added to any Collateral, whether or not of like kind; and All rights, remedies, claims and demands under or in connection with each of the foregoing.							
recorde 15. Nar	13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): 14. This FINANCING STATEMENT covers as-extracted collateral is filed as a fixture filing 16. Description of real estate:						
17. MISCELLANEOUS:							

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) XL Funding, LLC 3176897925
B. E-MAIL CONTACT AT FILER (optional)
b. E-MAIL GONTAGE AT FIELD (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
XL Funding, LLC
10333 N. Meridian St.
Suite 200
Indianapolis, IN 46290
USA

FILING NUMBER: 22-00005077
FILING DATE: 01/05/2022 10:21 AM
DOCUMENT NUMBER: 1108325030002
FILED: Texas Secretary of State

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			THE ABOVE SPA	CE IS FOR FILING	OFFICE USE UNLT
	TIAL FINANCING STATEMENT FILE NUMBER 0014139617	1b. This FINANCING STATEMENT Filer: attach Amendment Addendum (F	AMENDMENT is to be filed [for record] orm UCC3Ad) <u>and</u> provide Debtor's nan		STATE RECORDS.
2. 🗀	TERMINATION: Effectiveness of the Financing	Statement identified above is terminated w	rith respect to the security interest(s) of	the Secured Party authorizin	g this Termination Statement
3. C For par	ASSIGNMENT (full or partial): Provide name of <i>t</i> tial assignment, complete item 7 and 9 <u>and</u> also indicate	Assignee in item 7a or 7b <u>and</u> address of <i>A</i> ate affected collateral in item 8	ssignee in item 7c <u>and</u> also name of As	signor in item 9.	
4. 「 additio	CONTINUATION: Effectiveness of the Financin nal period provided by applicable law	g Statement identified above with respect	to the security interest(s) of Secured Pa	rty authorizing this Continua	tion Statement is continued for the
	PARTY INFORMATION CHANGE:	acces acces			
Chec	k <u>one</u> of these two boxes. This Change a	affects I ✓ Debtor <u>or</u> ☐ Secured			
▼ 7	CHANGE name and/or address: Complet a or 7b <u>and</u> item 7c	e item 6a or 6b; <u>and</u> item	ADD name: Complete item 7a <u>and</u> item 7c	or 7b, DELET to be d	E name: Give record name eleted in item 6a or 6b.
6. CU	RRENT RECORD INFORMATION: Comp	olete for Party Information Change - provid	e only <u>one</u> name (6a or 6b)		
0.0	6a. ORGANIZATION'S NAME WEDAD CARS LLC				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
	IANGED OR ADDED INFORMATION: Co the Debtor's name)	omplete for Assignment or Party Information	on Change - provide only <u>one</u> name (7a	or 7b) (use exact, full name;	do not omit, modify, or abbreviate any
	7a. ORGANIZATION'S NAME				
OR	WEDAD CARS LLC	EDOT DEDOONAL NAME	A DDITIONAL NAME	E(O) (INITIAL (O)	SUFFIX
	7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAM	ADDITIONAL NAME(S)/INITIAL(S)	
7c. MA	ILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	27 W. PARMER LANE	AUSTIN	TX	78727	USA
9. NA	ME OF SECURED PARTY OF RECORD	D AUTHORIZING THIS AMEND	MENT: Provide only <u>one</u> name (9a o	r 9b) (name of Assignor, if th	is is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME					
OR	WEDAD CARS LLC				
OR.	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
10. O	PTIONAL FILER REFERENCE DATA:				